



We are registered members of St. Maximilian Kolbe Church: Yes \_\_\_ No \_\_\_  
If no, where registered? \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(M-F) Registering for Pre- K 4 Half Day \_\_\_\_\_  
(M-F) Registering for Pre- K 4 Full Day \_\_\_\_\_

Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_  
(First) (Middle) (Last)

Child's Address \_\_\_\_\_  
(Street) (City) (County) (Zip)

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ Mom Cell Phone Number (\_\_\_\_) \_\_\_\_\_ Dad

Work Phone Number (\_\_\_\_) \_\_\_\_\_ Mom Work Phone Number (\_\_\_\_) \_\_\_\_\_ Dad

Email Address \_\_\_\_\_ Mom Email Address \_\_\_\_\_ Dad

**SCHOOL DISTRICT IN WHICH CHILD RESIDES:**

West Chester \_\_\_\_\_ Kennett Sq. \_\_\_\_\_ Unionville/Chaddsford \_\_\_\_\_ Other \_\_\_\_\_

**Ethnicity** : \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Hispanic

**Race** (√ one: )

\_\_\_\_ American Indian/Native American \_\_\_\_\_ Asian \_\_\_\_\_ Black  
\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Two or more races

**Religion:** \_\_\_\_\_ Catholic \_\_\_\_\_ Non Catholic

**Child Information**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State and Country of Birth \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(PLEASE ATTACH COPY OF BIRTH CERTIFICATE)

Child was baptized at \_\_\_\_\_  
(Church) (City) (Date)  
(PLEASE ATTACH COPY OF BAPTISM CERTIFICATE IF NOT BAPTIZED AT SMK)

School child is coming from, (if applicable): \_\_\_\_\_  
(Name and address of school coming from)

Reason for withdrawal \_\_\_\_\_

**Has child ever received Early Intervention Assistance?**

No \_\_\_\_\_ Yes \_\_\_\_\_ (Name of program) \_\_\_\_\_

If yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

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**Family Background**

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Parent's Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_

Father's Name \_\_\_\_\_  
(First) (Middle) (Last)

Father's Religion \_\_\_\_\_

Father's Address (if different from child) \_\_\_\_\_

Father's Employer's name/address/phone \_\_\_\_\_

Country of Birth \_\_\_\_\_

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Mother's Name \_\_\_\_\_  
(First) (**Maiden Name**) (Married Name)

Mother's Religion \_\_\_\_\_

Mother's Address (if different from child) \_\_\_\_\_

Mother's Employer's name/address/phone \_\_\_\_\_

Country of Birth \_\_\_\_\_

**Family Background Cont.**

**ONLY IF APPLICABLE.....**

Primary physical custodial parent/guardian: \_\_\_\_\_

Special custodial court instructions: Yes \_\_\_\_ No \_\_\_\_ (If yes, please provide a copy)

Date court instructions given to school: \_\_\_\_\_

Please provide stepparent information here: \_\_\_\_\_

**PLEASE DESCRIBE ANY MEDICAL ALERTS, SERIOUS ILLNESSES OR DISABILITIES WE SHOULD BE AWARE OF:**

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**PLEASE LIST TWO EMERGENCY NAMES/NUMBERS (other than parents)**

1. \_\_\_\_\_

2. \_\_\_\_\_